

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM 37 (TO-875))

SERIAL NO. **10/538490**

FILED DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/						51		/				
2		1					52		/				
3		2					53		/				
4		①					54		/				
5		①					55		/				
6		①					56		/				
7		①					57		/				
8		①					58		/				
9		①					59		/				
10	/						60		/				
11		1					61		/				
12		2					62		/				
13		①					63	/					
14		①					64		/				
15		①					65						
16		①					66						
17		①					67						
18		①					68						
19		①					69						
20		①					70						
21		①					71						
22		①					72						
23		①					73						
24		①					74						
25		①					75						
26		①					76						
27		①					77						
28		①					78						
29	/						79						
30		1					80						
31		①					81						
32		①					82						
33	/	①					83						
34		1					84						
35							85						
36		1					86						
37		1					87						
38		1					88						
39		1					89						
40		1					90						
41		1					91						
42		1					92						
43	/						93						
44		1					94						
45		1					95						
46		1					96						
47		1					97						
48		1					98						
49		1					99						
50		1					100						
TOTAL IND.		↓		↓		↓	TOTAL IND.	3	↓		↓		↓
TOTAL DEP.		←		←		←	TOTAL DEP.	30	←		←		←
TOTAL CLAIMS							TOTAL CLAIMS	33					